TRIAGE AND DISASTER PLANNING FOR SCHOOLS
What does disaster mean to you?
It can be localized or widespread
Disasters can occur at anytime for any reason
Each School Health Official is an integral part of the School District’s disaster plan.
Shelter

Where is the safest place of shelter for students in your school in the event of:

- Storm (severe thunder storms, Tornado, flooding, severe ice or snow storm)
- Active shooter or hostage situation
- Chemical or biological hazard
Communication

In the event of disaster, how will you communicate with:

- Other school officials
- Parents and care givers
- Rescue agencies
TRIAGE AND DISASTER PREPAREDNESS

- **Resources**
  - If you should not be able to get to a designated shelter area and you have to shelter in place with the students:
    - Potable water for everyone
    - Food
    - Heat
    - Medications
    - First aid supplies
    - Evacuation plan
    - Exposure to hazardous chemicals or biological agents plan
TRIAGE AND DISASTER PLANNING FOR SCHOOLS

- Missouri Ready in 3
- [http://health.mo.gov/emergencies/readyin3/](http://health.mo.gov/emergencies/readyin3/)
- ERIP
Emergency Response Information Portal (ERIP)

ERIP is a Web-based planning tool that provides a methodology for schools and other institutions (higher education, child-care, faith-based, etc.) and local emergency responders when developing emergency plans and procedures for the safety of children and others. Developed by the state of Missouri and the Missouri Schools Boards’ Association, ERIP allows schools and institutions to design response plans tailored to their own unique needs, including floor plans, evacuation routes, photographs and contact persons.

http://dps.mo.gov/dir/programs/ohs/mo-school-safety-resources.php
TRIAGE AND DISASTER PLANNING FOR SCHOOLS


- Special considerations for children in disasters
  - Emotional needs
  - Physical needs
  - Reunification
TRIAGE AND DISASTER PLANNING FOR SCHOOLS

- Prevention-Mitigation
- Preparedness
- Recovery
- Response
TRIAGE AND DISASTER PLANNING FOR SCHOOLS

- **Prevention**: Action taken to decrease the likelihood that an emergency will occur.

- **Mitigation**: Action taken to eliminate or reduce the loss of life and property related to an act that cannot be prevented.

- **Preparedness**: Developing policies and protocols, incident command systems, training, planning, coordination, and exercise for potential crises.

- **Response**: Action taken to effectively contain and resolve the crisis or emergency.

- **Recovery**: processes for moving from the emergency operations back to normal operations. includes getting financial assistance to help pay for the repairs.
Preparedness is a continuous cycle.

http://www.fema.gov/preparedness-1
ROLE OF THE SCHOOL NURSE IN SCHOOL DISASTER PLANNING

- It is the position of the National Association of School Nurses (NASN) that school nurses provide leadership in all phases of emergency preparedness and management and are a vital part of the school team that develops emergency response procedures for the school setting, using an all-hazards approach. – National Association of School Nurses Emergency Preparedness - The Role of the School Nurse (Adopted 2011)
- Bioterrorism Anthrax, plague, smallpox, West Nile, flu...
- Chemical Emergencies Chlorine, anhydrous ammonia, nerve agents...
- Radiation Emergencies Dirty bombs, nuclear blasts, power plants...
- Mass Casualties Explosions, shootings, fires, bus accidents, playground injuries...
- Natural Disasters & Severe Weather Storms, snow & ice, wildfires, floods, earthquake...
Recent Outbreaks & Incidents Water emergencies, Salmonella, Meningitis...
- Ebola
- Enterovirus D68
- Washington State Mudslide
- Polar Vortex

Students with Special Needs Chronic medical conditions, wheelchairs....

http://emergency.cdc.gov/
THE 4 PHASES OF EMERGENCY MANAGEMENT AND DISASTER PLANNING

- **Prevention/ Mitigation:** On-going assessment in the identification of hazards from all possible sources and to reduce the potential for an emergency to occur.
- Establishing and conducting school safety programs
- Participating in school committees
- Implementing vaccination programs
- Educating students and staff about recognizing and reporting suspicious events

- [rems.ed.gov/docs/webinars/Training_SchoolNurseslnSEM_101213.pdf](rems.ed.gov/docs/webinars/Training_SchoolNurseslnSEM_101213.pdf)
THE 4 PHASES OF EMERGENCY MANAGEMENT AND DISASTER PLANNING

- **Preparedness:** Involvement with community-wide planning groups and help in the facilitation of a rapid, coordinated, effective emergency response within the framework of the Incident Command System.
- Establishing standard emergency response plans
  - Participating in drills to evaluate the response capabilities of a school and the effectiveness of the plan. Evacuation, shelter-in-place, lock down, intruder, active shooter.
- The school nurse can be instrumental in identifying unique emergency preparedness needs for children with special needs.
Response: It is critical that the school nurse be knowledgeable about his or her role in the emergency plan.
- Incident Command
- Triage and Disaster First Aid
- Mental Health Support / Stress Management (CISM)
- Continuity of Care Documentation
- A link to the medical/public health community and to parents.

[rem.s.ed.gov/docs/webinars/Training_SchoolNursesInS EM_101213.pdf]
Recovery: After a disaster, the school nurse assists with students, parents, and school personnel by:
- Providing direct support and being the liaison between community resources and those in need.
- Maintenance of student health status
- Staff wellness concerns
  - Mental health issues
- The process of assisting students and staff in the healing process
- Restoring educational operation in the school.
- Evaluation and revision of school emergency plans.
- Note: Schools may also be identified as an emergency shelter resource for the community at large and/or a primary location for the community either to gather to volunteer services or to reunite families.

rems.ed.gov/docs/webinars/Training_SchoolNursesInSEM_101213.pdf
The 4 Phases of Emergency Management and Disaster Planning

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BASIC SUPPLIES FOR DISASTER

- Triage Kits
  - First Aid Kits
  - Emergency water cache
  - Emergency food cache
  - Emergency lighting (flashlights, lanterns, batteries)
- Blankets
- Cleaning supplies (antibacterial wipes)
- Hand sanitizer
BASIC SUPPLIES FOR DISASTER

- Examine gloves
  - Feminine products
  - Wrist bands / markers (for student identification)
  - Evacuation Devices
  - NWS / NOAA weather radio
  - Portable radios (two-way)
  - Potassium Iodine (KI) if within 10 miles of an EPZ / NPP
  - Emergency phone lists (hard copy and electronic)
TRIAGE

- Creating order out of chaos.
  - Do the greatest good for the greatest number.
  - Used for when there are not enough resources available.

- This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.
- Mass-casualty triage involving pediatric in particular may be affected by the emotional state of the providers.
START TRIAGE

START Triage is a disaster triage system using triage categories with a proven means of handling large numbers of casualties.

Is a method that provides a rapid assessment tool based on Respiration, Pulse, and Mental status.

This allows limited numbers of responders to evaluate large numbers of patients.
START TRIAGE

- Simple Triage and Rapid Treatment /
- Transport
- Remember
  + 30-2-Can Do!
  + or
  + RPM
START TRIAGE

- Green Category –
  - “Worried Well”
  - Minor Injuries

- Yellow Category –
  - Fractures that prevent self removal
  - Serious lacerations that require sutures
  - Minor Burns (1\textsuperscript{st} degree or 2\textsuperscript{nd} degree less than 10\% of BSA)
Red Category—

- Serious Injuries that affect vital functions
  - Breathing- greater than 30/min
  - Perfusion- Capillary refill greater than 2 sec
  - Mental status—unable to follow commands
  - Serious bleeding that cannot be controlled with direct pressure
  - Loss of consciousness even with a return of consciousness and appropriate responses
  - Internal bleeding.
Black Category

- Deceased or expected to die
  - Obvious mortal injuries that are not survivable.
  - No pulse, no spontaneous ventilations
- No CPR is done in disaster situations.
JumpSTART Pediatric MCI Triage®

Able to walk? YES → MINOR → Secondary Triage*  
Able to walk? NO → Breathing?  
Breathing? NO → Position upper airway → BREATHING → IMMEDIATE  
Breathing? NO → APNEIC  
Palpable pulse? NO → DECEASED  
Palpable pulse? YES → 5 rescue breaths → APNEIC  
Respiratory Rate <15 OR >45 → IMMEDIATE  
Respiratory Rate 15-45 → IMMEDIATE  
Palpable Pulse? NO → IMMEDIATE  
Palpable Pulse? YES → AVPU  
AVPU “P” (Inappropriate) Posturing or “U” → IMMEDIATE  
AVPU “A”, “V” or “P” (Appropriate) → DELAYED

*Evaluate infants first in secondary triage using the entire JS algorithm

©Lou Romig MD, 2002
Respiratory—if apneic on contact

- Position and clear the airway—if spontaneous breathing occurs—Red category
- Position and clear the airway—if no spontaneous ventilations, pulse check.
  - If a pulse is present, give 5 rescue breaths over 1 minute
  - If no spontaneous ventilations—Black category.
- If spontaneous ventilations occur, Red Category
RULE OF TRIAGE

- To do the most good for the largest number of people with limited resources.
- You can always upgrade someone’s category but you can not downgrade them.
- With in their color group the order of severity can also be triaged.
A Disaster has occurred with multiple students having been injured. Assign their categories

Student #1– this is an 8 year old female. She is not responsive. She has a head wound which is no longer bleeding. Her ventilation rate is 8 and her pulse is rapid and weak. Skin is pale and cool and fingertips are cyanotic.
Student #2 – This is a 6 year old boy who is wandering around looking for his sister. He is crying hysterically, has blood coming from his nose and his left arm hangs at his side. He has a radial pulse which is at 120. His skin is warm and pink and he comes to you when you call his name.
Triage

- Student #3 is a 15 year old high school student. He opens his eyes when you speak to him but does not answer back when asked. His pulse rate is radial at 150, respiratory rate is 34 and shallow, skin is ashen and capillary refill is delayed beyond 2 seconds.
Victim #4 – is a 44 year old teacher. Her left leg is severed above the knee. She is not responsive to voice or physical stimuli. She has a carotid pulse of 30 and a respiratory rate of 6. She has blood from her ear and nose. Her skin is pale and very cool. She has a large gaping laceration on the top of her head and a large pool of blood on the ground.